✎AO 435
AZ Form (Rev. 1/2015)

Administrative Office of the United States Courts

TRANSCRIPT ORDER

	FOR COURT USE ONLY
	DUE DATE:

1. NAME Amanda Sheridan	2. PHONE NUMBER 602.382.6304	3. DATE 11/20/17

4. FIRM NAME Snell & Wilmer LLP

5. MAILING ADDRESS 400 E. Van Buren	6. CITY Phoenix	7. STATE AZ	8. ZIP CODE 85004

9. CASE NUMBER 2:15-md-02641	10. JUDGE DGC	DATES OF PROCEEDINGS	
		11. 11/17/17	12.

13. CASE NAME Bard IVC Filters Products Liability Litigation	LOCATION OF PROCEEDINGS	
	14. Phoenix	15. STATE AZ

16. ORDER FOR

☐ APPEAL ☐ CRIMINAL ☐ CRIMINAL JUSTICE ACT ☐ BANKRUPTCY
☐ NON-APPEAL ☑ CIVIL ☐ IN FORMA PAUPERIS ☐ OTHER (Specify)

17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
☐ VOIR DIRE		☐ TESTIMONY (Specify)	
☐ OPENING STATEMENT (Plaintiff)			
☐ OPENING STATEMENT (Defendant)			
☐ CLOSING ARGUMENT (Plaintiff)		☐ PRE-TRIAL PROCEEDING	
☐ CLOSING ARGUMENT (Defendant)			
☐ OPINION OF COURT			
☐ JURY INSTRUCTIONS		☑ OTHER (Specify)	
☐ SENTENCING		Status Conference	11/17/17
☐ BAIL HEARING			

18. ORDER

CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	☐	☐		☐ PAPER COPY	
14 DAYS	☐	☐		☐ PDF (e-mail)	
7 DAYS	☐	☑		☑ ASCII (e-mail)	
DAILY	☐	☐			
HOURLY	☐	☐			
REALTIME	☐	☐			

CERTIFICATION (19. & 20.)
By signing below, I certify that I will pay all charges
(deposit plus additional).

E-MAIL ADDRESS
asheridan@swlaw.com

19. SIGNATURE s/ Amanda C. Sheridan

NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.

20. DATE November 20, 2017

TRANSCRIPT TO BE PREPARED BY			ESTIMATE TOTAL	
ORDER RECEIVED	DATE	BY	PROCESSED BY	PHONE NUMBER
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	
TRANSCRIPT RECEIVED			LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	

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